

Montana Communicable Disease Weekly Update: 01/16/09

DISEASE INFORMATION

Summary – Week 01 – Ending 1/10/09 – Disease reports received at DPHHS during the reporting period January 4-10, 2009 included the following conditions: various enteric conditions (campylobacteriosis, cryptosporidiosis, giardiasis, salmonellosis) and continued varicella activity. *NOTE: The spreadsheet has multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

Influenza Surveillance – *As of 01/10/09, Montana's influenza activity has been upgraded to LOCAL. Activity is increasing around the state. As of 01/15/08 there were 18 MPHL PCR confirmed cases of influenza in the following counties (type): Cascade (6 - A:H3); Deer Lodge (1-B); Gallatin (2 - A:H3); Lewis & Clark (3 – A:H1); Missoula (1 - A:H3, 1-A:H1); Pondera (1 – A:H3); and Yellowstone (3 – A:H3).*

IMPORTANT! New Influenza Report - There are two reports attached to this weekly report:

1. A summary report that includes surveillance information on confirmed isolates and influenza-like illness (ILI) around the state. This report will always be one week behind due to the delay in receiving ILI information from around the state.
2. An up-to-date **characterization of H types** for influenza A cases in the state. In light of information from the CDC that H1 types are resistant to oseltamivir (Tamiflu) and in order to assist clinicians with antiviral therapeutic/prophylaxis decisions, it will be important to monitor influenza H types and provide this information in a timely fashion.

Watch the CDEpi web site at <http://cdepi.hhs.mt.gov> for updates to these two reports.

The Montana Public Health Laboratory (MPHL) will continue to accept rapid test positive specimens for two reasons:

1. In order to confirm the presence of influenza in communities that have not had influenza to date (two positives in each jurisdiction) and;
2. In order to characterize the influenza A H types ongoingly in order to assist clinicians with therapeutic decisions. (MPHL PCR testing distinguishes A from B and subtypes A-H1 from A-H3)

BOTH types of testing will be provided free of charge. Please encourage providers to submit specimens through February so that this characterization testing can be done and results shared with clinicians.

During week 01 (January 4-10, 2009), overall influenza activity in the United States remained relatively low, but increased compared to previous weeks. Flu season typically peaks in January or later and has been in February or March in 11 of the past 20 seasons. One state reported widespread influenza activity, five states reported regional activity; 10 states reported local influenza activity; the District of Columbia, Puerto Rico and 33 states reported sporadic influenza activity; and one state reported no influenza activity. National weekly updates about influenza: <http://www.cdc.gov/flu/weekly/>

Vaccine Match - Based on antigen characterization done by the CDC on 110 influenza viruses collected by U.S. laboratories since October 1, 2008, it appears that the vaccine is a good match for influenza A this season. **Vaccination efforts should continue during December and throughout the influenza season**, which can persist into spring.

UPDATE! Oseltamivir Resistance – The CDC issued “Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses” on December 19, 2008. (<http://www.cdc.gov/flu/professionals/antivirals/index.htm>) An excellent review of antiviral usage and a summary of the recommendations was presented by Anthony E. Fiore, MD, MPH of the CDC on a webinar on January 8, 2009 and is available at <http://www.emergency.cdc.gov/coca/callinfo.asp>.

INFORMATION / ANNOUNCEMENTS

NEW! **Salmonella typhimurium Outbreak** – As of January 18, 2009, there were 458 cases in 43 states and Canada. At this time, there have been NO confirmed cases and bulk peanut butter product has not been distributed in Montana; however, the outbreak investigation is ongoing and changes are likely to occur. For updates regarding the outbreak: <http://www.cdc.gov/salmonella/typhimurium/>. For updates to the recall: <http://www.fda.gov/oc/opacom/hottopics/salmonellatyp.html>. Please remind providers to: (1) be alert for symptoms of salmonellosis: fever, abdominal pain and diarrhea that may be bloody; (2) for patients with symptoms – ask about food history (including peanut butter and peanut butter containing products), travel, contact with ill persons and animals 5 days prior to onset of symptoms AND obtain a stool culture to test for enteric pathogens including *Salmonella* and (3) immediately report *suspected and confirmed* cases to local public health department. Isolates of *Salmonella* should be forwarded to the Montana Public Health Laboratory for further testing.

NEW! **Diagnosis and Management of Foodborne Illnesses** - This primer on diagnosis and treatment of foodborne illness is directed to physicians and other health care professionals as a reminder about disease management as well as their important role in recognizing suspicious symptoms, disease clusters, and etiologic agents, and reporting cases of foodborne illness to public health authorities.
<http://www.cdc.gov/mmwr/PDF/rr/rr5304.pdf>

REMINDERS

24/7 Availability – Did you know that the Epidemiology program has a phone line that is answered 24 hours a day/7days a week/365 days a year? Please call 406.444.0273 if you need immediate epidemiology assistance or consultation! The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.